Combined Declaration For Paterit Application and Power of Attorney							ATTORNEY DOCKET 83328RLO						
As below named inventor, I hereby declare that:  My residence, post office address and citizenship are as stated below next to my name,  I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:													
METHOD FOR PROVIDING EXTENSIBLE DOS-FAT SYSTEM STRUCTURES ON ONE-TIME PROGRAMMABLE MEDIA													
The specification of which (check only one item below):													
X is attached hereto.													
was filed as United States Application Serial No. on and was amended on (if applicable).													
was filed as PCT international application Number on and was amended on (if applicable).													
I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.  I acknowledge the duty to disclose to the U.S. Patent & Trademark Office all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations, §1.56.  I hereby claim foreign priority benefits under Title 35, United States Code, §119 (a)-*d) or 365 (b) of any foreign application(s) for patent or inventor's certificate, or (365 (a) of any PCT international application(s) which designates at least one country other than the United States of America, listed below and have also identified below any foreign applications(s) for patent or inventor's certificate or any PCT international application(s) designating a least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which													
priority is claimed:  PRIOR FOREIGN/PCT APPLICATION(S) A	ND ANY PRIORIT	Y CLA	IMS UNDER 35 U.S.C	. 119:		···							
COUNTRY (I PCT, indicate PCT)	APPLICATION NUMBER		DATE OF FILING (minth/dayyear)			PRIORITY CLAIMED L	NDER 35 USC (	119					
						YES		NO					
						YES		NO					
						YE\$		NO					
I hereby claim the benefit under Title 35, United States Code, 119 §(e) of any United States provisional application(s) listed below:													
PRIOR PROVISIONAL APPLICATION(S) A	ND ANY PRIORII	Y CLA	IMS UNDER 35 U.S.C		_								
PROVISIONAL APPLICATION NUMBER		1		FILING DATE (mor	nth/day/year)								
	<i></i>	1						-					
I hereby claim the benefit under Title 35, United States Code, §120 of any prior United States application(s) or PCT international application(s) designating the United States of America that is/are listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in that/those prior applications(s) in the manner provided by the first paragraph of Title 35, §112, I acknowledge the duty to disclose to the U.S. Patent & Trademark Office all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations §1.56, which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:													
PRIOR US APPLICATIONS OR PCT INTER 35USC§120:	NATIONAL APPL	ICATI	ONS DESIGNATING T	HE U.S FOR	BENEI	FIT UNDER	:						
U.S. APPLICATIONS				STATUS (Check one)									
U.S. APPLICATION NUMBER		U.S. FILI	NG DATE	PATENTE	D	PENDING	ABAI	NDONED					
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P	OWER (	OF ATTORNEY: As:	a named	l inventor, I hereby app i	int the attorney			
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Se	nd Correspo	ondence to: Datent T	Legal Sta	off.	Direct Teleph (name and telepho	hone Calls to: one number)		
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		Kocnes	ter, NY	14650-2201	1 ` ′	FAX: (716) 477-4646		
2	FULL NAME OF INVENTOR	FAMILY NAME		FIRST GIVEN NAME	SECOND GIVEN	SECOND GIVEN NAME		
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2	BUSINESS ADDRESS	Eastman Kodak Company	<i>'</i>	343 State Street, Rochester	New York 1			
2	FULL NAME OF INVENTOR	FAMILY NAME		FIRST GIVEN NAME	SECOND GIVEN I	SECOND GIVEN NAME		
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<b> </b>	BUSINESS	BUSINESS ADDRESS		СПУ	STATE & ZIP COL	DE (COUNTRY)		
3	ADDRESS FULL NAME OF	FAMILY NAME		FIRST GIVEN NAME	SECOND GIVEN I	NAME		
2	INVENTOR	CITY		STATE OR FOREIGN COUNTRY				
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4	BUSINESS ADDRESS	BUSINESS ADDRESS		CITY	STATE & ZIP COL	DE (COUNTRY)		
2	FULL NAME OF INVENTOR	FAMILY NAME		FIRST GIVEN NAME	SECOND GIVEN I	NAME		
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	BUSINESS	BUSINESS ADDRESS		CITY	STATE & ZIP COL	DE (COUNTRY)		
5	ADDRESS FULL NAME OF	FAMILY NAME		FIRST GIVEN NAME	SECOND GIVEN I			
2	INVENTOR  RESIDENCE &	CITY		STATE OR FOREIGN COUNTRY		COUNTRY OF CITIZENSHIP		
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6	BUSINESS ADDRESS	BUSINESS ADDRESS		СПУ	STATE & ZIP COD	DE (COUNTRY)		
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SIGNATURE OF INVENTOR 204		SIGNATURE	OF INVENTOR 205	SIGNATURE OF INVENT	OR 206			

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